

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO

**Complete if Known****INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Sheet	1	of	1	Attorney Docket Number	19374-515 NATL
-------	---	----	---	------------------------	----------------

Application Number	10/581,781
Filing Date	April 12, 2007
First Named Inventor	Sean Farmer
Art Unit	1651
Examiner Name	I. Marx
Attorney Docket Number	19374-515 NATL

**U.S. PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number-Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear

**FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		WO-00/07606-A2	02-17-2000	Ganeden Biotech Inc		
		WO-01/034168-A1	05-17-2001	Ganeden Biotech Inc		

**NON PATENT LITERATURE DOCUMENTS**

Examiner Initials	Cite No. <sup>1</sup>	Include name of the author in CAPITAL LETTERS, title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature	/Irene Marx/	Date Considered	11/10/2009
-----------------------	--------------	--------------------	------------

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup>Applicant's unique citation designation number (optional). <sup>2</sup>Applicant is to place a check mark here if English language Translation is attached.

Duplicate